Suicide beliefs and behaviour among young Muslims and Hindus in the UK

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It has been suggested that Hindu tradition is relatively tolerant of suicide, while Islamic tradition has consistently regarded suicide as a very grave sin. This study sought to examine the possible impact of religious-cultural tradition by examining suicide-related beliefs and reported behaviour in non-clinical samples of young Hindus (n=40) and Muslims (n=60) living in the UK. Participants completed a short demographic questionnaire, the Reasons for Living Inventory, and the measures of suicide thoughts, plans and behaviour. The Hindus endorsed moral, total and (marginally) survival-and-coping reasons for living less strongly than did the Muslims. Women endorsed family-related, fear of suicide and (marginally) total reasons for living less strongly than did men. There were no noteworthy between-group differences with respect to suicide thoughts, plans or behaviour. Causal inferences are not possible, but the results are consistent with the suggestions that scriptural differences between Hinduism and Islam in attitudes to suicide may be responsible for some of the differences detected in this study.

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It has been suggested that Hindu tradition proscribes suicide less strongly than does Islam, and that this has an impact on suicide rates, such that suicide rates may be generally lower among Muslim societies and groups than among Hindus (Ineichen, 1998).

How might such traditional differences, embedded in scriptural sources, translate into the specifics of individual beliefs? We wished to see *whether* and *how* the suggested culturally-carried differences were reflected in *specific* suicide-related beliefs held by *individual* Hindus and Muslims living in the UK.

The earliest social-scientific hypotheses about suicide were advanced by Durkheim (1952, first published 1897), who thought that suicide might be more likely under conditions of lowered social control (high individualism) and social change (anomie). Durkheim argued that religion may be important in affecting suicide partly because it affects conscience and ideas as well as behaviour. There has been some broad support for important features of Durkheim's proposals (Stack, 1992).

In Islamic tradition, views of suicide are consistently condemnatory. The Koran forbids a person to kill themselves, and Islamic tradition maintains that the suicide is condemned to perpetual hell, always excluded from heaven, and can never be forgiven, although there are some indications of sympathy to surviving relatives (Ladha, Bhat & D'Souza, 1996).

Hinduism is generic term given to the wide range of religious practices of India, having the Vedic scriptures as their basis. There is a less consistent single tradition than in Islam, but it appears that suicide was allowable in the early Vedic

period, although later Hindu writings (the Upanishads) were strongly opposed to suicide, and salvation is denied to the suicide (Ladha et al, 1996). However the belief in reincarnation which is central to the Hindu tradition, makes the eternal prospects facing the suicide less forbidding than they would be for the suicide in the Islamic context (Hassan, 1983).

It could be suggested that given similar social circumstances, individuals from religious traditions which condemn suicide might be as likely to *consider* suicide as individuals from traditions which do not condemn suicide so strongly. However people from a suicide-condemning tradition would be less likely to actually *attempt* suicide, and would be more likely to *report* that suicide is religiously and morally forbidden. Ineichen (1998) has suggested that suicide rates are lower in Islamic than in Hindu groups, supporting the view that there is an impact of religious tradition in suicide behaviour. However some of the data considered by Ineichen, and in overviews such as Lester's (1997), are from countries in which suicide is illegal; legal sanctions will have an impact both on suicide behaviour, and on reporting of suicide, which make it difficult to interpret any role of religious tradition independent of the legal system.

In this study participants were asked to complete the Reasons for Living Inventory (Linehan, Goodstein, Nielsen & Chiles, 1985), which assesses six categories of reasons for living when suicide is contemplated. This inventory was chosen because, in addition to its satisfactory psychometric properties, it offers sensitive assessment of different beliefs shown to be relevant to suicidal behaviour. In particular, one of its sub-scales was expected to be sensitive to the factor of special interest in this study, namely the moral (religious) reasons for living sub-scale. Participants also reported suicide thoughts and attempts. The initial hypotheses were

that Muslims would be less likely to report suicide attempts and more likely to report moral (religious) reasons for living, than would Hindus. We thought that women would give generally fewer reasons for living that would men, and would be more likely than men to report suicide thoughts and attempts, given reports of rising suicide rates among young South Asian women in the UK (Soni Raleigh, Bulusu & Balarajan, 1990; Roberts, Chen & Roberts, 1997).

METHOD

Participants

Participants were a volunteer snowball sample (n=100), recruited in the Greater London area. They were opportunistically recruited in face-to-face contacts made by the first author or a research associate. Muslims were approached by a (female) Muslim, and Hindus by a (male) Hindu. Gender matching between researchers and potential participants is advisable in research on many minority groups, but limited resources prevented this. Potential participants were asked to participate in a questionnaire study of beliefs about suicide, and also, if willing, to name any possible further participants. If the person approached was agreeable, a questionnaire pack with a return stamped addressed envelope was handed out. No exact record was kept of numbers declining to accept questionnaires, but it was reported that approximately 80% of those approached, agreed to accept a questionnaire. Altogether 120 questionnaires were distributed, of which 100 were returned. 72 participants were the sole representatives of their family units; the remaining 28 comprised pairs from the same family, or small groups (3-4) of relatives. There were 60 Muslims (38 women and 22 men) and 40 Hindus (19 women and 21 men). Mean age was 22.5 years (range

15-46). 90% were age 29 or less, 8% aged 30-39, and 2% were 40+. 10% (10/100) were married, and the remainder were single. Thus the sample was predominantly young and single. Both groups were similar in age and marital status. Most participants were reported by those involved in recruitment to have been either born in the Indian sub-continent (India, Pakistan, Bangladesh), or had parents who were born there (precise numbers are not now available). However some Hindu participants or their parents came from Kenya or Nigeria, and some Muslim participants or their parents came from Kenya, Iran, or countries in the Arab world: Bahrain, Jordan, Kuwait, Lebanon, Libya, Saudi Arabia, Syria. Participants had lived a mean of 12.3 years (range 1-30) in the United Kingdom, and 35% were born in the UK.

Design

Dependent variables were the Reasons for Living, and suicide measures. The two independent variables (both between factors) were religion (Muslim, Hindu), and gender.

Procedure and measures

All information was collected by questionnaire, completed by participants at a time and place of their choice. Measures collected were:

Background factors: Age, marital status, country of birth, number of years in the UK, religion. All participants rated frequency of prayer, religious study, and attendance at place of worship on a 6-point scale (Loewenthal, MacLeod & Cinnirella, 2002). These ratings were summed to give a measure of religious activity. They formed a cohesive measure (Cronbach's alpha=0.728).

Dependent variables: Linehan, Goodstein, Nielsen & Chiles (1985) 47-item *Reasons for Living* (if you were thinking of killing yourself) (RFL) inventory was completed

by all participants. There were six sub-scales, derived by factor analysis, all reported by Linehan et al to have satisfactory reliability: these were:

Survival and coping beliefs, e.g. “I am curious about what will happen in the future”;

Responsibility to family, e.g. “I have a responsibility and commitment to my family”;

Child-related concerns (participants without children were asked to complete this as if they had children) e.g. “I want to watch my children as they grow”;

Fear of suicide, e.g. “I am afraid of death”;

Fear of social disapproval, e.g. “Other people would think I am weak and selfish”;

Moral objections, e.g. “My religious beliefs forbid it”.

Three further items, also used by Linehan et al, asked for self-reports of suicidal ideation (*thoughts* and *plans*), and *behaviour* (attempts). All RFL and suicide items were rated on a 6-point Likert-type scale.

RESULTS

How did the Hindus and Muslims compare? Were there any effects of gender?

Before examining the data for answers to these questions, we first looked at possible confounded variables. Three background factors were found to be related to the between variables, and were partialled out as covariates: Religious activity was significantly higher among men (8.3) than among women (6.6) ($F_{1,96}$=5.66, p=.019); years in the UK was marginally affected by the interaction between religion and gender) ($F_{1,96}$=3.53, p=.060); age was weakly affected by the interaction between religion and gender) ($F_{1,96}$=2.68, p=.105). Partialling out these factors should help to

control for unwanted effects of religiosity and acculturation, which were not focii of this study.

Table 1 shows the means of Hindus and Muslims, men and women, on the Reasons for Living, and the suicide measures.

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Muslims endorsed moral, and survival-and-coping beliefs significantly more strongly than did Hindus. They also endorsed overall reasons for living more strongly. Women endorsed fear of suicide and family responsibilities more strongly than did men. There were no significant Hindu-Muslim or gender differences in suicide thoughts, plans or behaviour.

Subsidiary analyses: 1. Two-tailed t-tests to examine possible differences between those born outside the UK, and those born in the UK, showed no differences on any of the RFL or suicide measures, with the exception that those born in the UK endorsed fear of social disapproval reasons for living (item mean = 3.44) more strongly than did those born outside the UK (2.76, t=2.33, df(unequal variance)=87.23, p=.022).

Subsidiary analyses: 2. The religious activity measure did not correlate significantly with any of the Reasons for Living or suicide measures, except that moral (religious) reasons for living were endorsed more strongly by the religiouslu active (r=.175, one-tailed p=.041).

DISCUSSION

Did these findings bear out expectations? The expectations under study were first, that Muslims might be more likely than Hindus to endorse moral reasons for living, and second that they might be less likely than Hindus to report suicide attempts. Thirdly, it was expected that women might endorse fewer reasons for living than men, and fourthly, be more likely to report suicide thoughts, plans and attempts.

The first of these expectations was borne out: Muslims did endorse moral (which included religious) reasons for living more strongly that did Hindus. Muslims also endorsed marginally more survival and coping reasons for living than did Hindus, and overall more reasons for living. This supports the view that the strong Islamic condemnation of suicide is reflected in the beliefs of young Muslims. It is noteworthy that these effects were detected in a relatively young sample, educated in the UK. Stopes-Roe & Cochrane (1990) reported greater value attached to conformity among a sample of Asians living in the UK, compared to native British. Although this effect was higher in the older generation, it was still present in the younger generation. Muslims-Hindu differences may have been contributed to by more cohesive family organisation among Muslims compared to Hindus, coupled with the Hindu tradition of willingness to absorb new traditions and beliefs (Firth, 1997). It is possible that Hindu beliefs in reincarnation may have been reflected in their lower endorsement of survival reasons for living. One further indirect influence on beliefs may be legal sanctions against suicide in the country of origin (Khan, Islam & Kundi, 1996).

The second expectation was that Muslims would be less likely to report suicide attempts that Hindus. This was not borne out. Additionally, there were no Muslim-Hindu differences in suicide thoughts and plans. This may have been a reflection of relatively insensitive measures combined with small sample size.

Thirdly, it was expected that women might endorse fewer reasons for living that did men. This effect was (marginally) detected, and on the specific Reasons for Living sub-scales, women endorsed fear of suicide, and family, less strongly than did men. These effects on the specific sub-scales were not expected. The latter effect – that women endorse family-related reasons for living less strongly than did men - may be a reflection of the more difficult regimes said to be imposed on some South Asian girls by their families. Girls are permitted less freedom in educational choices and in social life, by their families, compared to what is allowed to boys (Khan, in preparation; Qureshi, in preparation). Khan et al (1996), in a Pakistani study, reported that most parasuicides were young adults, with married women representing the single largest group, and that interpersonal conflict with the opposite sex was the commonest precipitating cause. Coercive fathers and husbands may reflect in lower endorsement of family reasons for living among young women. Thus some light may have been cast on possible reasons for suicide among young women of South Asian origin.

However, contrary to our fourth expectation, there were no differences between men and women in suicide attempts, thoughts or plans. As we have seen, there were no differences on these measures by religious background, and it is likely here also that the lack of effect may have been the result of small sample size, and comparatively insensitive measures with large variances.

Finally we noted that those born outside the UK were less likely than those born in the UK to endorse fear of social disapproval reasons for living. The most likely interpretation of this is that those born outside the UK, in this predominantly youthful sample, were less likely to be currently living in a close social network. We also noted a relationship between religious activity and endorsing moral-religious reasons for living. The suicide measures did not relate significantly to religiosity,

although a negative relationship between religiosity and suicide ideas and behaviour has been reported elsewhere in a Muslim sample (Jahangir, Rehman & Jan, 1998). This again suggests that the suicide measures we used were insufficiently sensitive for the sample size.

The data do however support the idea that traditional religious-cultural values may impact on some beliefs about suicide, as reflected in the reasons for living measure. The data may also reflect some gender differences in British Asian family life. Whether these values impacted on suicide behaviour could not be detected in this study.

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Table 1: Between-group means (and standard deviations), and significance of differences, on the Reasons for Living measures, and measures of suicidal ideation and acts.

	Hindu M	Hindu F	All Hindu	Muslim M	Muslim F	All Muslim	All M	All F	All
N	21	19	40	22	38	60	43	57	100
Survival and coping	4.38 (.44)	4.04 (.79)	**4.20**~ (.66)	4.61 (1.04)	4.48 (.74)	**4.56**~ (.94)	4.53 (.89)	4.56 (.79)	4.42 (.85)
Family	4.35 (.59)	3.77 (.77)	4.05 (.74)	4.49 (1.43)	4.25 (.47)	4.40 (1.17)	**4.44**~ (1.17)	**4.02**~ (.67)	4.26 (1.03)
Child	4.52 (.34)	4.53 (.75)	4.07 (.59)	4.78 (.82)	4.73 (.51)	4.76 (.76)	4.80 (1.70)	4.63 (.63)	4.73 (.67)
Fear of suicide	3.26 (1.05)	2.39 (1.31)	2.81 (1.23)	2.95 (.22)	2.56 (1.08)	2.81 (1.18)	**3.05*** (1.17)	**2.48*** (1.19)	2.81 (1.20)
Fear of social disapproval	3.18 (1.44)	3.17 (1.12)	3.18 (1.27)	2.76 (1.73)	3.08 (1.66)	2.88 (1.70)	2.90 (1.64)	3.12 (1.40)	3.00 (1.54)
Moral	2.83 (1.66)	3.14 (1.20)	**2.99***** (1.43)	3.99 (1.48)	4.38 (.90)	**4.13***** (1.31)	3.60 (1.63)	3.77 (1.42)	3.68 (1.46)
Total Reasons for Living	4.02 (.42)	3.65 (.59)	**3.84*** (.54)	4.19 (.83)	4.08 (.48)	**4.15*** (.71)	**4.13**~ (.72)	**3.88**~ (.56)	4.03 (.67)
Suicide thoughts	1.53 (1.93)	2.10 (2.19)	1.83 (2.06)	1.56 (1.92)	2.09 (2.19)	1.38 (1.92)	1.56 (1.94)	1.56 (2.06)	1.56 (1.98)

Suicide plan(s)	0.89 (1.62)	0.52 (1.03)	0.70 (1.34)	0.56 (1.41)	0.64 (1.18)	0.55 (1.32)	0.63 (1.48)	0.58 (1.09)	0.61 (1.32)
Suicide attempt(s)	0.68 (1.60)	0.38 (1.24)	0.53 (1.41)	0.47 (1.43)	0.41 (1.22)	0.45 (1.35)	0.54 (1.48)	0.39 (1.22)	0.48 (1.37)

Significant and near-significant (.05<p<.1) between-group differences are highlighted. Differences were examined using analysis of covariance, partialling out the effects of religious activity, years in the UK, and age. ~p<.1,*p<.05; **p<.01,***p<.001.